

17157 U.S. PTO
041904

22553 U.S. PTO
10/827042
041904

PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 29757/SH-052-D1

CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(B)

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a request under 37 CFR 1.53 for filing a

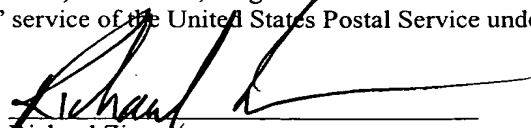
- ☐ continuation application.
☒ divisional application.

1. Particulars of Prior Application

Application Serial No:	09/520,405
Filed on:	March 8, 2000
Title:	Computerized Gaming System, Method and Apparatus
Art Unit:	3714
Examiner:	Steven L. Ashburn

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Divisional Application Transmittal and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **April 19, 2004**, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EV233436519US.


Richard Zimmermann

2. This request is filed by:

1. Full Name of Inventor	Family Name Martinek	First Given Name Michael	Second Given Name G.
Residence & Citizenship	City Fort Collins	State or Foreign Country Colorado	Country of Citizenship United States of America
Post Office Address	Post Office Address 3007 Indigo Circle N. Fort Collins, CO 80528	City Fort Collins	State & Zip Code/Country Colorado, 80528
2. Full Name of Inventor	Family Name Jackson	First Given Name Mark	Second Given Name D.
Residence & Citizenship	City Fort Collins	State or Foreign Country Colorado	Country of Citizenship United States of America
Post Office Address	Post Office Address 907 Canosa Court Fort Collins, CO 80526	City Fort Collins	State & Zip Code/Country Colorado, 80526
3. Full Name of Inventor	Family Name Yoseloff	First Given Name Mark	Second Given Name L.
Residence & Citizenship	City Henderson	State or Foreign Country Nevada	Country of Citizenship United States of America
Post Office Address	Post Office Address 1900 Grey Eagle Street Henderson, Nevada 89014	City Henderson	State & Zip Code/Country Nevada, 89014

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

3. Amendments

- ☒ Amend the specification by inserting before the first line the sentence:
--This is a divisional of U.S. Application Serial No. 09/520,405 filed
March 8, 2000.--
- ☒ Please cancel claims 1-38 and 47 in the prior application before calculating the filing fee.
- ☐ A Preliminary Amendment is enclosed.
- ☐ The filing fee is based upon entry of the foregoing amendment.

4. Copy of Prior Application

The enclosed is a copy of the prior complete application, including the specification (with claims), drawings, the oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application.

5. Incorporation By Reference

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under paragraph 4, above, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. Priority

- ☐ Priority of application No. _____, filed on _____, in _____ is claimed under 35 USC 119.

7. Assignment

- ☒ The prior application is assigned of record to IGT at Reel No. 014496, Frame No. 0001

8. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established in the prior application and is still proper and desired

9. Application to Be Published

- ☒ Yes.
- ☐ No. A Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) is attached.

10. Fee Calculation

CLAIMS AS FILED - INCLUDING AMENDMENT(S) (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$385.00		\$770.00
TOTAL	8 - 20	= 0	X 9 =	\$0.00	X 18 =	0.00
INDEP.	1 - 3	= 0	X 43 =	\$0.00	X 86 =	0.00
First Presentation of Multiple Dependent Claim			+ 145 =	\$0.00	+ 290 =	\$0.00
Filing Fee:				\$375.00	OR	\$770.00

11. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$770.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: _____
A copy of this Transmittal is enclosed.

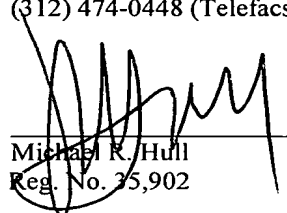
12. Correspondence Address

Customer No.: 04743

Respectfully submitted,

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By:


Michael R. Hull
Reg. No. 35,902

April 19, 2004